

**Child and Adult Care Food Program
Application and Management Plan for Centers**

May 2005

Important: Read the instructions before completing this form. The terms used, such as "sponsoring organization," "affiliated facility," "unaffiliated facility," "principal," "publicly funded," "National Disqualified List," and "business related offense," are defined in the "Terms and Definitions" section of the instructions.

Section I. Contracting Organization Information

1. Complete all of the following organization information:

Name of Organization				CTD No.
Mailing Address (Street or P.O. Box, City, State, ZIP)				
Street Address (if different)				
Contact Person		E-Mail Address		FAX No.
Telephone No.				
Type of Organization: <input type="checkbox"/> Public Entity ➤ <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Military <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Private Entity ➤ <input type="checkbox"/> For-Profit Organization <input type="checkbox"/> Nonprofit, Tax-Exempt Organization (Attach a copy of your IRS letter of determination of tax-exempt status.)				
Enter the number of centers and enrollment count for each center under your administration that provides meal service:				
Child or Adult Centers	Outside School Hours Centers	Head Start Centers	At Risk Centers	Emergency Shelters
No. of Nonprofit Tax-Exempt Centers _____	No. of Nonprofit Tax-Exempt Centers _____	No. of Nonprofit Tax-Exempt Centers _____	No. of Nonprofit Tax-Exempt Centers _____	No. of Nonprofit Tax-Exempt Centers _____
No. of Proprietary Centers _____	No. of Proprietary Centers _____	No. of Proprietary Centers _____	No. of Proprietary Centers _____	No. of Proprietary Centers _____
Number of children in each eligibility category: Free _____ Reduced _____ Not Eligible for Free or Reduced _____	Number of children in each eligibility category: Free _____ Reduced _____ Not Eligible for Free or Reduced _____	Number of children in each eligibility category: Free _____ Reduced _____ Not Eligible for Free or Reduced _____	Number of children participating (all children are in the Free category): _____ Note: Attach documentation to support site eligibility	Number of children participating (all children are in the Free category): _____ _____

2. **A.** List all publicly funded programs in which you, your organization, and its principals have participated during the past 7 years (attach additional pages as needed):

Name of Publicly Funded Program	Contact Person	Telephone Number

B. Have you, your organization, or any principals identified with your organization ever been disqualified from participation in any publicly funded program(s) for violating that program's requirements during the past 7 years? ☐ **Yes** ☐ **No**

Note: If your organization is a "public entity," limit your response to those individuals who are directly involved in the operations of the CACFP and to their immediate supervisors (responsible principals).

C. If "Yes," were the violations corrected and eligibility restored to participate in the program(s)? ☐ **Yes** ☐ **No**
If "No," please explain:

3. Has any principal in your organization ever been convicted of any criminal business-related offense during the past 7 years? ☐ **Yes** ☐ **No**

Note: If your organization is a "public entity," limit your response to those individuals who are directly involved in the operations of the CACFP and to their immediate supervisors (responsible principals).

If "Yes," attach a detailed explanation.

4. Has any person in your organization who is engaged in any activity related to the administration of the CACFP ever been convicted of a felony? ☐ Yes ☐ No
If "Yes," provide a detailed explanation: _____
5. Does your organization now participate or has your organization ever participated in program(s) other than the CACFP that are funded through the United States Department of Agriculture (USDA)? ☐ Yes ☐ No
If "Yes," give the name of the program and dates of participation: _____
6. Does your organization operate the CACFP in any other state(s)? ☐ Yes ☐ No
If "Yes," give the name(s) of the state(s): _____

Section II. Management Plan

1. Do you want to receive advance payments if funds are available? ☐ Yes ☐ No
Note: Any advance overpayments must be repaid promptly to ADE. You will also need to indicate preference on-line.
2. **Program Requirement – Advances:** If you receive advances and operate multiple centers you must disburse CACFP advance payments within five working days of receipt from ADE to centers under your administration. Indicate your system for disbursing advance payments:
☐ N/A (operate only a single center) ☐ N/A (centers are part of the same legal entity and the organization maintains a central bank account)
☐ Checks are hand delivered to centers ☐ Checks are mailed to centers ☐ Centers pick up checks ☐ Other (attach an explanation)
3. **Program Requirement – Disbursement:** If you operate multiple centers you must disburse CACFP reimbursements within five working days of receipt from ADE to centers under your administration. Indicate your system for disbursing payments:
☐ N/A (operate only a single center) ☐ N/A (centers are part of the same legal entity and the organization maintains a central bank account)
☐ Checks are hand delivered to centers ☐ Checks are mailed to centers ☐ Centers pick up checks ☐ Other (attach an explanation)

4. **A. Program Requirement – Staffing:** Organizations operating the CACFP must have qualified staff to ensure effective program operation. Complete the chart below to describe the qualifications you require for the person(s) that perform each listed function.

Administration		
Staff Function	Responsible Position	Qualifications
Direct and manage the CACFP		
Train staff		
Menu planning		
Purchasing		
Maintain records		
Enforce civil rights compliance		
Conduct self monitoring		
Prepare and submit claims		
Ensure accountability of funds		
Meals		
Staff Function	Responsible Position	Qualifications
Prepare meal		
Document meal records		
Serve meals		
Sanitation/cleaning		
Monitor children		
Take meal count		
Maintain records		

- B. Do you have written policies and procedures that assign CACFP responsibilities and duties and ensure compliance with civil rights requirements? ☐ Yes ☐ No

5. **Program Requirement – Meal Production Records:** Organizations must document the menu, a specific listing of foods and quantities used to prepare the meal, leftovers, and the planned number of servings. Indicate the method you will use to meet this requirement: (Centers that exhibit successful meal production may have this requirement waived after a successful review.)

- ☐ The cook will complete Daily Meal Production Record on a daily basis. The center director (or another designated staff person) will review the form to ensure the form is completed correctly.
- ☐ Other (Specify) If waived, provide date: _____

6. **Program Requirement – Attendance and Meal Counts:** Organizations must maintain records of daily attendance and a daily count of the number of meals served to program participants, program staff, and non-program meals. Meal counts must be taken at the "point of service." The "point of service" is that point in the meal service when you have observed that a creditable meal was served to an eligible child. Only the meals served to program participants are eligible for reimbursement. Check the following appropriate items to indicate your method for meeting these requirements:

A. Attendance and Count of Meals Served to Children:

- ☐ A designated staff person will document on the Weekly Attendance Meal Record (WAMR) (Centers and Emergency Shelters), when the person observes that a participant has been served a creditable meal. The count will be taken by participant name and by meal type (breakfast, lunch, supper, or snack). The center director (or other designated staff person) will review the form to ensure it is completed correctly.
- ☐ Other (Specify): _____

B. Count of Meals Served to Program Staff and Non-Program Persons:

- ☐ A designated staff person supervising the meal service will complete the Weekly Attendance Meal Record (Centers and Emergency Shelters), to record the number of meals served to program staff and the number of meals served to non-program persons when the staff person has observed that a meal has been served. The center director will review the form to ensure the form is completed correctly. Meals served to program staff and non-program persons are **not reimbursable** under the CACFP.
- ☐ Other (Specify): _____

7. **Program Requirement – Training:** Organizations with multiples sites and persons that own multiple independent centers must provide CACFP training to staff at least once per program year. The training must include civil rights and include topics specific to the CACFP such as meal components, portion size, meal count procedures, eligibility determination, and record keeping.

A. Complete the chart below to describe the planned training:

Planned Topics	Proposed Date
Civil Rights (Mandatory-Enter Proposed date) → → → → → → → → → → → → → → → →	

- B. New staff must receive required CACFP training before they assume responsibility for program functions. Indicate the method you will use to meet this requirement.**

- ☐ I will develop a training package based on the *CACFP Business, Nutrition and Computer Track Training* and other available program resources. New staff will complete the training before assuming responsibility for program functions. Documentation of the training will be maintained.
- ☐ Other (Explain): _____

8. **Program Requirement – Monitoring:** Organizations with multiples sites and persons that own multiple independent centers must use the Monitor Review Pre-approval Form (Centers), to monitor each independent center and sponsored facility a minimum of three times per contract year with no more than six months between visits. Complete the following chart to describe your monitoring plans:

Use additional sheets if necessary.

Name of Center	Proposed Monitoring Dates (Month/Year)		
	Visit 1	Visit 2	Visit 3

9. **Program Requirement – Staffing for Monitoring, Sponsoring Organizations Only:** You must demonstrate that you have an adequate number of staff to conduct required monitoring. Do you sponsor 25 or more facilities? ☐ Yes ☐ No
If "Yes, provide a monitoring policy addressing number of FTE's assigned with monitoring duties, areas covered and addressing how organizations maintains regulatory monitoring compliance and return it with your application.
10. **Program Requirement – Program Document Retention:** You must maintain all current fiscal year program documents **on site or at the identified main business office**. Current fiscal year documents may not be stored in any location that is not accessible to center personnel (i.e. at the residential office of the center owner). The documents must be made available to ADE CACFP reviewers immediately upon request. All records must be stored for a period of five years.
Current CACFP documents are located: ☐ On site ☐ Main Business office at address:
☐ Other (Explain): _____
11. **Program Requirement - Disclosure:** Organizations applying to participate in the CACFP are required to disclose and identify related-party transactions, less-than-arms-length transactions, and ownership interests in equipment, supplies, vehicles, and facilities, or disclose any other information that inhibits ADE from making an informed assessment of the allowability of a particular cost.
Do you have any expenses that require disclosure? ☐ Yes ☐ No
If "Yes," attach a detailed explanation.
12. **Program Requirement – Subcontracts:** Organizations may subcontract certain program functions. If you subcontract, you must keep records to demonstrate compliance with procurement requirements and you must submit a copy of each subcontract if it will be funded out of the nonprofit food service account. **Important Note: You may not subcontract CACFP management functions, such as the preparation of application materials, monitoring, claim preparation, or corrective action processes.**
Check the functions you plan to subcontract:
☐ N/A (No CACFP function will be subcontracted.)
☐ Bookkeeping ☐ Auditing ☐ Data Processing ☐ Meal Preparation
☐ Other (Explain): _____
13. **Program Requirement – Responsible Principals:** All contracting organizations must provide identifying information for the persons responsible for the overall operation. (Use additional sheets, if necessary.)
- | | Name | Mailing Address | Date of Birth |
|-----------------------|------|-----------------|---------------|
| Owner | | | |
| Owner | | | |
| Executive Director | | | |
| Chairman of the Board | | | |
14. **Program Requirement – Financial Statements:** All organizations must demonstrate financial viability by providing prepared statements such as a current balance sheet indicating all assets and liabilities, current audit or other documents prepared by a bookkeeper or accountant indicating the financial standing of the organization.
15. **You must submit the following attachments.** Mark the "Yes" box to indicate that you have attached the requested information or mark the "N/A" box to indicate that the requirement does not apply to your organization:
- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | Organizational chart (must include names and functions of all employees, officers, agents, and consultants involved in any aspect of the CACFP) |
| <input type="checkbox"/> Yes | Prepared Financial Statements such as: Balance Sheet; Audit; financial documents prepared by accountant |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Yes The name and address of each member of the Board of Directors |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Yes Proof of tax exemption for nonprofit organizations |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Yes Copy of current license for each center |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Yes Copy of the agreement (contract) for any subcontract used in the operation of your food service and paid for out of the nonprofit food service account |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Yes CACFP training certificate for all mandatory training |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Yes Required documentation for At Risk After school facility area eligibility |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Yes Copy of policy governing employment outside of the organization. N/A for adult centers (Sample Attached) |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Yes Sponsoring Organizations with 25 or more facilities only: copy of policy addressing monitoring FTE's |

Section III. Budget

Program Requirement: Organizations must demonstrate that they have adequate financial resources.

- Organizations participating in the CACFP must operate a nonprofit food service that primarily benefits enrolled children. Organizations must maintain records documenting the administration and operation of the nonprofit food service. The budget is composed of the amounts for the cost categories listed below. The amounts entered cannot be considered unless the respective amounts are justified and explained on the attached budget justification pages.
- A. • **Sponsoring Organization Only:** You may be approved to use up to 15% of the CACFP reimbursement to pay for actual allowable administrative costs incurred in the operation of the nonprofit food service.

Enter the percentage of the CACFP reimbursements you are requesting to use for administrative costs: _____ %

Continue to the Budget Details Section on the following pages

Section III. Budget. Nonprofit Food Service Administration/Operational - Budget Justification –This section is used to provide detailed information for each administrative and operational position that has nonprofit food service responsibilities and is paid from the nonprofit food service account.

NOTE 1: You must maintain a written compensation policy for each position. This policy, which is usually part of a larger set of personnel policies, establishes the way employees earn compensation. It must address 1) rates of pay; 2) work hours, including breaks and meal periods; and 3) payment schedules.

NOTE 2: You must maintain daily time reports to establish the portion of administrative or operational labor that is paid from the nonprofit food service account.

Administrative labor includes planning, organizing, and managing the nonprofit food service. Labor costs include base salary, employment taxes, fringe benefits, overtime pay, holiday pay, compensatory leave, incentive payments, and severance pay. **Only document the employer's share. Use time/labor allocation worksheet.**

Operating labor includes the preparation and service of meals to participants. Labor costs include base salary, employment taxes, fringe benefits, overtime pay, holiday pay, compensatory leave, incentive payments, and severance pay. **Only document the employer's share. Use time/labor allocation worksheet.**

A. Position (such as director, monitor, clerical, training, etc.) AND CACFP Duties (such as planning, eligibility determination, enrollment, etc.)	B. Hours per day for CACFP	C. Salary per hour	D. Salary per day	E. Annual Number of days work	F. Gross CACFP Pay (D x E)	G. Benefits
<div>Position:</div> <div>CACFP Duties:</div>						
<div>Position:</div> <div>CACFP Duties:</div>						
<div>Position:</div> <div>CACFP Duties:</div>						
<div>Position:</div> <div>CACFP Duties:</div>						
<div>Position:</div> <div>CACFP Duties:</div>						
TOTAL LABOR COSTS					(1)	(2)

Section III. Budget– Nonprofit Food Service: Facility Costs.

Note: For this worksheet, you will need the following facility square footage calculations: Food Service Area; Facility

Take the determined square footage of the CACFP food service area and divide it by the total facility square footage. The total will represent the fraction of costs you may attribute to CACFP.

Square footage of CACFP (kitchen/dining) area ÷ Facility square footage = percent of expenses attributable to CACFP

_____ ÷ _____ = _____%

Example: 450 ÷ 2500 = .18 = 18%

H. Service	I. Annual Billed amount	J. Fraction attributed to CACFP	K. Total (I x J)
Communication and Utilities			
	x	=	
Rent or Mortgage			
	x	=	
Contracted Services			
	x	=	

Section III. Budget (continued)

Program Requirement: Organizations participating in the CACFP must account for the cost of operating a nonprofit food service through the consistent use of generally accepted accounting principles. Allowable costs must be necessary, reasonable, authorized, and current. The cost must be properly disclosed and must be allocated so that only the allowable share of the cost is assigned to the program. The organization must specifically identify each cost item in the budget and, where necessary, must explain how each cost was calculated. **Include only those expenses paid from the nonprofit food service account.** Mark N/A if the cost is not paid from the nonprofit food service account.

Budget Line Item	1. Annual Cost for Nonprofit Food Service
3. STAFF TRAINING – This category includes materials, time, travel costs incurred to ensure staff is trained on CACFP function and duties	
<input type="checkbox"/> N/A (Check this box only if no cost in this category is paid from the nonprofit food service account.)	
TOTAL STAFF TRAINING COSTS	(3)
4. FOOD – Include only the net cost of food used (and the net cost of delivered meals), not the cost of all food purchased.	
<input type="checkbox"/> N/A (Check this box only if no cost in this category is paid from the nonprofit food service account.)	
TOTAL FOOD COSTS	(4)
5. SUPPLIES– This category includes nonfood consumables, cleaning products, and CACFP office supplies.	
<input type="checkbox"/> N/A (Check this box only if no cost in this category is paid from the nonprofit food service account.)	
TOTAL SUPPLIES COSTS	(5)
6. RENT OR MORTGAGE – This category includes attributable portion of payments made to mortgage holder or leasing agent for center property. (See Facilities Cost work sheet for attributable portion)	
<input type="checkbox"/> N/A (Check this box only if no cost in this category is paid from the nonprofit food service account.)	
TOTAL RENT OR MORTGAGE COSTS	(6)

SECTION III. BUDGET (continued)

Budget Line Item	¹ Annual Cost For Nonprofit Food Service
7. CONTRACTED SERVICES – This category includes security services, maintenance, and janitorial services. (See Facilities Cost work sheet to determine attributable portion)	
<input type="checkbox"/> N/A (Check this box only if no cost in this category is paid from the nonprofit food service account.)	
TOTAL PURCHASED SERVICES COSTS	(7)
8. COMMUNICATIONS AND UTILITIES – This category includes telephone, electricity, internet access, gas, water and sanitation. (See Facilities Cost work sheet to determine attributable portion)	
<input type="checkbox"/> N/A (Check this box only if no cost in this category is paid from the nonprofit food service account.)	
TOTAL COMMUNICATIONS AND UTILITIES COSTS	(8)
9. OTHER COSTS – YOU MUST SPECIFICALLY IDENTIFY EACH ITEM AND EXPLAIN HOW EACH COST WAS CALCULATED.	
<input type="checkbox"/> N/A (Check this box only if no cost in this category is paid from the nonprofit food service account.)	
TOTAL OTHER COSTS	(9)

Section III. Budget (continued)

B. Costs for Unaffiliated Centers

☐ N/A - All centers are affiliated.

Program Requirement: Sponsors of unaffiliated centers must ensure that each center maintains a nonprofit food service. The information for this section is obtained from the individual budget pages for each center.

Important Note: Organizations may use up to 15% of the projected annual CACFP reimbursement to pay for actual allowable administrative costs incurred in the operation of the nonprofit food service.

Enter the projected CACFP reimbursements and costs for each unaffiliated center.

[illegible]

Name of Organization	CTD Number	
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C. Estimated Annual Nonprofit Food Service Costs

	NONPROFIT FOOD SERVICE ADMINISTRATIO/OPERATION	ANNUAL Amount PAID From Nonprofit Food Service Account
(1)	Salaries From Page 5, Item (1)	
(2)	Benefits From Page 5, Item (2)	
(3)	Staff Training From Page 7, item(3)	
(4)	Food From Page 7, item (4)	
(5)	Supplies From Page 7, item (5)	
(6)	Rent or Mortgage From Page 7, item (6)	
(7)	Contracted Services From Page 8, item(7)	
(8)	Communications/Utilities From Page 8, item (8)	
(9)	Other Costs From Page 8, item (9)	
(10)	Unaffiliated Center Costs From Page 9, item (10)	
	Total Costs for Nonprofit Food Service Operation	

- D.** Reimbursements under the CACFP subsidize the nonprofit food service operation but may not be sufficient to cover all nonprofit food service expenses. Any funds specifically designated as nonprofit food service account funds are restricted and may not be used to fund any other costs in your organization.
- Total costs of nonprofit food service.**
 - Enter your projected annual CACFP reimbursement for the Program Year:** _____
(See instructions.)
 - Enter the total of other income to the nonprofit food service account:** _____
("Other income" is funds specifically designated for use in food service.)
 - Enter the total of lines 2 and 3:** _____

Certification

<p>I certify that the information on this form is true and correct to the best of my knowledge, and that I will immediately report to the Arizona Department of Education any changes that occur to information submitted in my original application. I also certify that reimbursement will be claimed only for approved meals served to eligible persons during the hours they are in attendance at approved day care centers. I know that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes. I understand that the submittal of false information in this document will result in the denial of my application or termination of my agreement to participate in the CACFP. I also understand that my organization and all individuals providing false information in this document will be placed on the National Disqualified List (NDL) and will be subject to any other applicable civil or criminal penalties.</p>		
<p>_____ Signature - Official of Contracting Organization</p>	<p>_____ Date</p>	<p>_____ Title of the Contracting Official</p>
<p>_____ Printed Name of the Signing Official</p>		

FOR ADE USE ONLY		
Effective Date: _____		
<p>_____ Signature – ADE Representative</p>	<p>_____ Date</p>	<p>_____ Title of the ADE Representative</p>

SAMPLE OUTSIDE EMPLOYMENT POLICY FOR CHILD CARE CENTERS

The employee(s) who work on CACFP responsibilities for _____ [name of organization] is/are restricted from additional outside employment that could interfere with the performance of CACFP related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest.

The employee(s) is/are required to inform their immediate supervisor of any outside positions held. The supervisor will make the determination of whether or not the outside employment constitutes a real or apparent conflict of interest with CACFP related duties and responsibilities. If it is determined that the outside employment constitutes a conflict of interest, the employee could be asked to limit or restrict the outside employment.

This policy is not intended to restrict an employee from working a second job. The immediate supervisor shall notify the employee if there is a determination that the outside employment is not in compliance with integrity guidelines.

This policy or a similar document for _____ [name of organization] is located in **one** of the following:

- ☐ CACFP Policy and Procedure Manual
- ☐ Addendum to position job description
- ☐ Personnel File for CACFP employee

Signature of Responsible Principal

Date